

## CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

### Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YY):
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### Screening Information (health care provider must complete this section)

**Date of Dental Screening:** \_\_\_\_\_

**Treatment Needs** (check **ONE** only based on screening results, prior to treatment services provided):

- No Obvious Problems** – the child's hard and soft tissues appear to be visually health and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.
- Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth Decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

<sup>2</sup> White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

<sup>3</sup> Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

**Screening Provider** (check **ONE** only): (Ninth grade screening must be provided by DDS/DMD or RDH.)

DDS/DMD    RDH    MD/DO    PA    RN/ARNP

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credentials of  
Provider or Recorder\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH MD/DO, PA, or RN/ARNP) may transfer information on this form from another health department. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
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Iowa Department of Health and Human Services • Bureau of Oral and Health Delivery Systems

1-866-528-4020 • <https://idph.iowa.gov/ohds>

A designee of the local board of health or Iowa Department of Health and Human Services may review this certificate for survey purposes.